

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28760  
State File No. 14  
Registrar's No. 452

FILED SEP 11 1941

Registration District No. 292 Primary Registration District No. 265-2A

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Lincoln  
(b) City or town Winfield - Menas Twp - Rural  
(c) Name of hospital or institution:  
(If out in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community day 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harriet June DeLisle  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years (Month) (Day) (Year) April 13 1933

7. Birth date of deceased  
8. AGE: Years 8 Months 3 Days 20 If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

MOTHER FATHER { 12. Name FRANK DeLISLE  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name HAZEL LEWIS  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Larry Mullen  
(b) Address St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director Larry Mullen  
(b) Address 5165 Delman

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5344 A Oriole (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 2 year 1941 hour 03 minute P.M.

21. I hereby certify that I attended the deceased from 1941 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to Accidental Drowning  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accidental Drowning  
(b) Date of occurrence 8-2-1941  
(c) Where did injury occur? Winfield, Lincoln, Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Mississippi River (Specify type of place) (e) Means of injury  
While at work?  
23. Signature M. P. Ridgell  
Address Ivy me Date signed 8/2/41

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *4012*

P. O. Address *Winfield, Missouri*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**